

# Exhibit J

Tennessee Secretary of State Annual Report  
Forms for Ideal Horizon Benefits





**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
**State of Tennessee**  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

TENNESSEE ATTORNEY GENERAL OFFICE  
ROBERT J. WEST  
PO BOX 20207  
NASHVILLE, TN 37202-4015

**Request Type: No Fee Certified Copies**  
Request #: 476633

Issuance Date: 05/20/2022  
Copies Requested: 1

**Document Receipt**

Receipt # :

Filing Fee:

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **Ideal Horizon Benefits LLC**, Control # 822669 was formed or qualified to do business in the State of Tennessee on 11/23/2015. Ideal Horizon Benefits LLC has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

  
Tre Hargett  
Secretary of State

Processed By: Deborah Chaney

The attached document(s) was/were filed in this office on the date(s) indicated below:

<b>Reference #</b>	<b>Date Filed</b>	<b>Filing Description</b>
B0169-4402	11/23/2015	Initial Filing
B0215-0525	03/11/2016	2015 Annual Report (Due 04/01/2016)
B0380-2809	04/10/2017	2016 Annual Report (Due 04/01/2017)
B0490-2921	02/01/2018	2017 Annual Report (Due 04/01/2018)
B0675-4537	03/21/2019	2018 Annual Report (Due 04/01/2019)
B0850-2852	03/31/2020	2019 Annual Report (Due 04/01/2020)
B1013-7177	04/01/2021	2020 Annual Report (Due 04/01/2021)
B1136-5660	01/18/2022	Administrative Amendment
B1101-7248	01/19/2022	Assumed Name With Name Consent
B1153-9090	01/31/2022	2021 Annual Report (Due 04/01/2022)

Phone (615) 741-6488 \* Fax (615) 741-7310 \* Website: <http://tnbear.tn.gov/>

Page 1 of 1



000822669

B0169

Page 1 of 2

**ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY** (ss-4270)**Tre Hargett**  
Secretary of State**Division of Business Services****Department of State**State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102  
(615) 741-2286Filing Fee: \$50.00 per member  
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only

**-FILED-**

Control # 000822669

**The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.****1. The name of the Limited Liability Company is:** Ideal Horizon Benefits LLC

(Note: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

**2. Name Consent: (Written Consent for Use of Indistinguishable Name)**☐ This entity name already exists in Tennessee and has received name consent from the existing entity.**3. This company has the additional designation of:****4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:**JASON LAWHORN  
STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958  
KNOX COUNTY**5. Fiscal Year Close Month:** December**6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:**  
(none) (Not to exceed 90 days)**7. The Limited Liability Company will be:**☒ Member Managed☐ Manager Managed☐ Director Managed**8. Number of Members at the date of filing:** 2**9. Period of Duration:** Perpetual**10. The complete address of the Limited Liability Company's principal executive office is:**STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958  
KNOX COUNTY

02 11/23/2015 2:09 PM Received by Tre Hargett, Secretary of State



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY (ss-4270)

Page 2 of 2



**Tre Hargett**  
Secretary of State

## Division of Business Services

### Department of State

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102  
(615) 741-2286

Filing Fee: \$50.00 per member  
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only

**-FILED-**

Control # 000822669

**The name of the Limited Liability Company is:** Ideal Horizon Benefits LLC

**11. The complete mailing address of the entity (if different from the principal office) is:**

STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958

**12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)**

- ☐ I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

**13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)**

- ☐ I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.

**Licensed Profession:**

**14. Series LLC (optional)**

- ☐ I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

**15. Obligated Member Entity (list of obligated members and signatures must be attached)**

- ☐ This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)  
☐ I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

**16. This entity is prohibited from doing business in Tennessee:**

- ☐ This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

**17. Other Provisions:**

Nov 23, 2015 2:09PM

Signature Date

Electronic

Signature

Organizing Member

Jason Lawhorn

Signer's Capacity (if other than individual capacity)

Name (printed or typed)



05235907

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 05235907

File online at: <http://TNBear.TN.gov/AR>

FILED: Mar 11, 2016 10:53AM

Due on/Before: 04/01/2016

Reporting Year: 2015

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000  
\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully  
paid for and filed. Please keep this report for  
your records.

Payment-Credit Card - State Payment  
Center - CC #: 3665359846

**SOS Control Number:** 822669

Limited Liability Company - Domestic

Date Formed: 11/23/2015

Formation Locale: TENNESSEE

**(1) Name and Mailing Address:**

Ideal Horizon Benefits LLC  
STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958

**(2) Principal Office Address:**

STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958

**(3) Registered Agent (RA) and Registered Office (RO) Address:**

JASON LAWHORN  
STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958

Agent Changed: No

Agent County: KNOX COUNTY

(4) This LLC is (as currently registered in Tennessee): ☐ Director Managed, ☐ Manager Managed, ☒ Member Managed,  
☐ Board Managed (appropriate if formed prior to 1/1/2006 only).

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or  
managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip
Jeffery Lawhorn	6312 KINGSTON PIKE STE 100	KNOXVILLE, TN 37919-4958
Jason Lawhorn	6312 KINGSTON PIKE STE 100	KNOXVILLE, TN 37919-4958

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their  
equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 2

☐ This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 03/11/2016

(9) Type/Print Name: Lisa Ingle

(10) Title: Lawhorn CPA Group



05786575

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 05786575

File online at: <http://TNBear.TN.gov/AR>

FILED: Apr 10, 2017 2:48PM

Due on/Before: 04/01/2017

Reporting Year: 2016

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000

\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

Payment-ECheck - State Payment Center  
- eCheck**SOS Control Number:** 822669

Limited Liability Company - Domestic

Date Formed: 11/23/2015

Formation Locale: TENNESSEE

**(1) Name and Mailing Address:**Ideal Horizon Benefits LLC  
STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958**(2) Principal Office Address:**STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958**(3) Registered Agent (RA) and Registered Office (RO) Address:**JASON LAWHORN  
STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958Agent Changed: No

Agent County: KNOX COUNTY

(4) This LLC is (as currently registered in Tennessee):      Director Managed,      Manager Managed, X Member Managed,  
     Board Managed (appropriate if formed prior to 1/1/2006 only).

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip
Jason Lawhorn	6312 KINGSTON PIKE STE 100	KNOXVILLE, TN 37919-4958
Jeffery Lawhorn	6312 KINGSTON PIKE STE 100	KNOXVILLE, TN 37919-4958

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 2     This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 04/10/2017

(9) Type/Print Name: Jason Lawhorn

(10) Title: Member



B0490

06044942

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 06044942

File online at: <http://TNBear.TN.gov/AR>

FILED: Feb 1, 2018 11:53AM

Due on/Before: 04/01/2018

Reporting Year: 2017

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000

\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

Payment-ECHECK - State Payment Center - eCheck

**SOS Control Number:** 822669

Limited Liability Company - Domestic

Date Formed: 11/23/2015

Formation Locale: TENNESSEE

**(1) Name and Mailing Address:**Ideal Horizon Benefits LLC  
STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958**(2) Principal Office Address:**STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958**(3) Registered Agent (RA) and Registered Office (RO) Address:**JASON LAWHORN  
STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958Agent Changed: No

Agent County: KNOX COUNTY

(4) This LLC is (as currently registered in Tennessee):      Director Managed,      Manager Managed, X Member Managed,      Board Managed (appropriate if formed prior to 1/1/2006 only).

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Jason Lawhorn	6312 KINGSTON PIKE STE 100	KNOXVILLE, TN 37919-4958
Jeffery Lawhorn	6312 KINGSTON PIKE STE 100	KNOXVILLE, TN 37919-4958

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 2     This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 02/01/2018

(9) Type/Print Name: Jason Lawhorn

(10) Title: Member





06661486

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 06661486

File online at: <https://TNBear.TN.gov/>

FILED: Mar 21, 2019 6:57PM

Due on/Before: 04/01/2019

Reporting Year: 2018

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000  
\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

Payment-ECHECK - State Payment Center  
- eCheck

**SOS Control Number:** 822669

Limited Liability Company - Domestic

Date Formed: 11/23/2015

Formation Locale: TENNESSEE

**(1) Name and Mailing Address:**

Ideal Horizon Benefits LLC  
STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958

**(2) Principal Office Address:**

STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958

**(3) Registered Agent (RA) and Registered Office (RO) Address:**

JASON LAWHORN  
STE 100  
6312 KINGSTON PIKE  
KNOXVILLE, TN 37919-4958

Agent Changed: No

Agent County: KNOX COUNTY

(4) This LLC is (as currently registered in Tennessee): ☐ Director Managed, ☐ Manager Managed, ☒ Member Managed,  
☐ Board Managed (appropriate if formed prior to 1/1/2006 only).

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Name	Business Address	City, State, Zip
Jason Lawhorn	6312 KINGSTON PIKE STE 100	KNOXVILLE, TN 37919-4958
Jeffery Lawhorn	6312 KINGSTON PIKE STE 100	KNOXVILLE, TN 37919-4958

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 2

☐ This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 03/21/2019

(9) Type/Print Name: Jennifer Chan

(10) Title: CPA

B0675-4537 03/21/2019 6:57 PM Received by Tennessee Secretary of State Tre Hargett



07179822

B085C

352 03/31/2020 2:31 PM Received by Tennessee Secretary of State Tre Hargett

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 07179822

File online at: <https://TNBear.TN.gov/>

FILED: Mar 31, 2020 2:31PM

Due on/Before: 04/01/2020

Reporting Year: 2019

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000

\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

Payment-Credit Card - State Payment Center - CC #: 3778806416

**SOS Control Number:** 822669

Limited Liability Company - Domestic

Date Formed: 11/23/2015

Formation Locale: TENNESSEE

**(1) Name and Mailing Address:**Ideal Horizon Benefits LLC  
C/O SWART BAUMRUK & COMPANY, LLP  
1101 MIRANDA LN  
KISSIMMEE, FL 34741-0769**(2) Principal Office Address:**11205 OUTLET DR  
KNOXVILLE, TN 37932-3124**(3) Registered Agent (RA) and Registered Office (RO) Address:**RICHARD M. ATNIP  
11205 OUTLET DR  
KNOXVILLE, TN 37932-3124Agent Changed: Yes

Agent County: KNOX COUNTY

(4) This LLC is (as currently registered in Tennessee):      Director Managed,      Manager Managed, X Member Managed,      Board Managed (appropriate if formed prior to 1/1/2006 only).

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip
Richard M Atnip	11205 OUTLET DRIVE	KNOXVILLE, TN 37932
Sarah Kirkland	11205 OUTLET DRIVE	KNOXVILLE, TN 37932

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 2     This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 03/31/2020

(9) Type/Print Name: Richard M Atnip

(10) Title: Member



07689741

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 07689741

File online at: <https://TNBear.TN.gov/>

FILED: Apr 1, 2021 10:46AM

Due on/Before: 04/01/2021

Reporting Year: 2020

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000

\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

Payment-Credit Card - State Payment Center - CC #: 3803021802

**SOS Control Number:** 822669

Limited Liability Company - Domestic

Date Formed: 11/23/2015

Formation Locale: TENNESSEE

**(1) Name and Mailing Address:**Ideal Horizon Benefits LLC  
C/O SWART BAUMRUK & COMPANY, LLP  
1101 MIRANDA LN  
KISSIMMEE, FL 34741-0769**(2) Principal Office Address:**11205 OUTLET DR  
KNOXVILLE, TN 37932-3124**(3) Registered Agent (RA) and Registered Office (RO) Address:**RICHARD M. ATNIP  
11205 OUTLET DR  
KNOXVILLE, TN 37932-3124Agent Changed: No

Agent County: KNOX COUNTY

(4) This LLC is (as currently registered in Tennessee): ☐ Director Managed, ☐ Manager Managed, ☒ Member Managed, ☐ Board Managed (appropriate if formed prior to 1/1/2006 only).

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Name	Business Address	City, State, Zip
Richard M Atnip	11205 OUTLET DRIVE	KNOXVILLE, TN 37932
Sarah Kirkland	11205 OUTLET DRIVE	KNOXVILLE, TN 37932

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip



(6) Number of members on the date the annual report is executed: 2☐ This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 04/01/2021

(9) Type/Print Name: Richard Atnip

(10) Title: Member

<b>CHANGE OF MAILING ADDRESS</b>		SS-4800
 <p><b>Tre Hargett</b> Secretary of State</p>	<p><b>Division of Business Services</b> <b>Department of State</b> State of Tennessee ATTN: Corporate Filing 312 Rosa L. Parks Ave, 6th FL Nashville, TN 37243-1102 (615) 741-2286</p> <p>No Filing Fee Required</p>	<p><i>For Office Use Only</i></p>
<p><b>1. Entity submitting mailing address change</b></p> <p>Secretary of State Control Number: <u>000822669</u></p> <p>Entity Name: <u>Ideal Horizon Benefits LLC</u></p>		
<p><b>2. Current Mailing Address</b></p> <p>Mailing Address: <u>1101 MIRANDA LN</u></p> <p>City: <u>KISSIMMEE</u> ST: <u>FL</u> Zip: <u>34741-0769</u></p>		
<p><b>3. New Mailing Address</b></p> <p>Mailing Address: <u>414 N PETERS</u></p> <p>City: <u>KNOXVILLE</u> ST: <u>TN</u> Zip: <u>37922</u></p>		
<p><u></u> Signature</p> <p><u>Sarah Kirkland</u> Printed Name</p>		<p><u>President</u> Title/Signer's Capacity</p> <p><u>1-11-22</u> Date</p>
<p>Submitter Name: <u>Robert Anderson</u> Phone #: <u>(865) 392 - 1036</u></p>		

**APPLICATION FOR REGISTRATION OF ASSUMED  
LIMITED LIABILITY COMPANY NAME**

Pursuant to the provisions of Section 48-249-106(d) of the Tennessee Revised Limited Liability Company Act, the undersigned limited liability company (the "Company") hereby submits this application:

1. The true name of the Company is:  
**Ideal Horizon Benefits LLC (Control No. 822669)**
2. The jurisdiction in which the Company is formed is Tennessee.
3. The Company intends to transact business under an assumed name.
4. The assumed name the Company proposes to use is:

**Solar Titan USA**

Dated this 17th day of January, 2022.

**IDEAL HORIZON BENEFITS LLC**

By: \_\_\_\_\_

Printed Name: Sarah Kirkland

Title: CEO

4948368.1

EB1101-7248 01/19/2022 3:31 PM Received by Tennessee Secretary of State Tre Hargett

WRITTEN CONSENT FOR USE OF INDISTINGUISHABLE NAME (SS-9411)



Business Services Division  
Tre Hargett, Secretary of State  
State of Tennessee

312 Rosa L. Parks AVE., 6th FL.  
Nashville, TN 37243  
(615) 741-2286

Filing fee \$20.00

Pursuant to the Tennessee Business Corporation Act, Tennessee Nonprofit Corporation Act, Tennessee Limited Liability Company Act, Tennessee Revised Limited Liability Company Act, or the Tennessee Revised Uniform Partnership Act, this consent for use of indistinguishable name is submitted to the Tennessee Secretary of State.

Existing Entity Name: Solar Titan USA, LLC

Entity 1

Existing Entity Secretary of State Control Number: 1056810

Entity Receiving Name Consent: Ideal Horizon Benefits LLC (Control No. 822669)

Entity 2

SELECT THE STATEMENT THAT APPLIES

Option 1:

☐

Both entities hereby consent to use and maintain the same registered agent.

Option 2:

☒

The existing entity consents to change its name or terminate its existence within 60 days.

Solar Titan USA, LLC

Entity 1 Signature

1-17-2022  
Signature Date

Richard M. Atnip  
Name (printed or typed)

Ideal Horizon Benefits, LLC

Entity 2 Signature

1/17/22  
Signature Date

Sarah Kirkland  
Name (printed or typed)

Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.

SS-9411

RDA 1678

B11 | -7249 01/19/2022 3:31 PM Received b. Tennessee Secretary of State Tre Hargett



08016327

**Tennessee Limited Liability Company Annual Report Form**

AR Filing #: 08016327

File online at: <https://TNBear.TN.gov/>

FILED: Jan 31, 2022 12:58PM

Due on/Before: 04/01/2022

Reporting Year: 2021

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000

\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

Payment-ECHECK - State Payment Center  
- eCheck**SOS Control Number:** 822669

Limited Liability Company - Domestic

Date Formed: 11/23/2015

Formation Locale: TENNESSEE

**(1) Name and Mailing Address:**

Ideal Horizon Benefits LLC

414 N PETERS RD

KNOXVILLE, TN 37922-2332

**(2) Principal Office Address:**

414 N PETERS RD

KNOXVILLE, TN 37922-2332

**(3) Registered Agent (RA) and Registered Office (RO) Address:**

RICHARD M. ATNIP

11205 OUTLET DR

KNOXVILLE, TN 37932-3124

Agent Changed: No

Agent County: KNOX COUNTY

(4) This LLC is (as currently registered in Tennessee): ☐ Director Managed, ☐ Manager Managed, ☒ Member Managed, ☐ Board Managed (appropriate if formed prior to 1/1/2006 only).

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip
Richard M Atnip	414 NORTH PETERS ROAD	KNOXVILLE, TN 37922
Sarah Kirkland	414 NORTH PETERS ROAD	KNOXVILLE, TN 37922

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 2☐ This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 01/31/2022

(9) Type/Print Name: Kevin Parton

(10) Title: Knoxville

